

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/19/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G040		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/03/2012	
NAME OF PROVIDER OR SUPPLIER  ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 53RD AVE GARY, IN 46410			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>This survey was done in conjunction with the post certification revisits to Complaints #IN00109713 and #IN00106372.</p> <p>Dates of survey: July 31 and August 1, 2 and 3, 2012</p> <p>Facility number: 000597 Provider number: 15G040 AIM number: 100233420</p> <p>Surveyors: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 8/15/12 by Tim Shebel, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed for 5 of 5 clients living at the group home (clients #1, #2, #3, #4 and #5) to exercise operating direction over the facility to complete routine maintenance.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/31/12 from 6:25 A.M. until 7:35 A.M.. At 6:30 A.M., client #4 exited the bathroom located inside the day room area. There was no toilet paper holder. The roll of toilet paper was sitting on the arm rail next to the toilet. At 6:56 A.M., clients #1, #2, #3, #4 and #5 ate breakfast. The chair at the end of the table where client #2 sat had the left arm rest broken off.</p> <p>An interviews with client #4 on 7/31/12 at 6:30 A.M. and 7:00 A.M.. Client #4 indicated there was no toilet paper holder. Client #4 also indicated the chair was broken for about 2 months.</p>			W0104	<p>The Area Manager will have maintenance replace the light bulbs and toilet paper holder in the bathroom. The chair in the kitchen will be replaced or repaired. To ensure future compliance, all staff has been trained to report all needed repairs as they occur by filling out a maintenance request form and sending them in.</p> <p>9-13</p> <p>the Area Manager will have maintenance replace the light bulbs and toilet paper holder in the bathroom. All chairs in the kitchen have been replaced. To ensure future compliance, all staff have been trained to report all needed repairs as they occur by filling out a maintenance request repair form and sending them in to the maintenance department. In addition, to the staff sending in repair forms, the Area Manager will conduct bi-weekly house rounds to ensure that all repairs are being completed.</p>		09/12/2012

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	<p>An evening observation was conducted at the group home on 7/31/12 from 4:35 P.M. until 6:00 P.M.. Upon entering client #1, #2, #3, #4 and #5's home, the bathroom located inside the day room area. There was no toilet paper holder. The roll of toilet paper was sitting on the arm rail next to the toilet, one of three light bulbs was out on the light fixture over the bathroom sink. At 5:45 P.M., clients #1, #2, #3, #4 and #5 ate dinner. The chair at the end of the table where client #2 sat had the left arm rest broken off.</p> <p>An interview with the Area Manager (AA) was conducted on 8/3/12 at 11:00 A.M.. When asked how often maintenance repair checks were conducted at the group home, the AM stated "Monthly." No further documentation was available for review to indicate when the maintenance concerns would be addressed.</p> <p>9-3-1(a)</p>						

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, for 1 of 3 sampled clients (client #1), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to assist in medical and financial decisions.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/31/12 from 6:25 A.M. until 7:35 A.M.. At 6:45 A.M., client #1 was observed during medication administration. When asked if she knew what Brimonidine Tartrate (eye drops for glaucoma) was for client #1 stated "Yes." When asked if she could say why she took Brimonodone Tartrate, client #1 stated "Yes." When asked if she knew what glaucoma was, client #1 stated "Yes." Client #1 was not observed to understand information about her medications and her medical diagnosis. Client #1 was observed to state "Yes" to all questions</p>			W0125	<p>Client #1's guardianship is in process. To ensure future compliance, the team will assess clients annually for any guardianship issues. 9-13 An application for guardianship has been submitted and accepted. NIAGS is pursuing Guardianship through the Indiana Courts. To ensure future compliance, the Service Coordinator will maintain contact with NIAGS weekly to monitor the status/progress.</p>		09/12/2012

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	<p>and communication with her.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 8/1/12 at 1:30 P.M.. Client #1's record indicated she was an emancipated adult. The Conference Summary dated 11/3/11 indicated "Continue to require a residential situation that provides her with close 24 hour supervision...assists her in addressing medical/other basic needs...monitoring of physical condition, and helping her learn medication information...Can benefit from assistance in making major life decisions." The Development Assessment dated 1/17/12 indicated: "Can add coins up to one dollar...requires assistance with all banking and budgeting needsy for a particular purpose including saving money for a particular purpose. She cannot be sent on shopping errands." The Individual Support Plan (ISP) dated 7/25/12 indicated: "Individual's Diagnosis: Mild Dietary Deficiency, Circulatory Disorder, Chronic Leg Ulcers, Congestive Heart Failure, Peripheral Vascular Disorder....will increase her money management skills by learning to identify coins and their values up to a dollar...Will learn information about her medications by stating purpose of one medication.."</p>						

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	<p>An interview with the Service Coordinator (SC) was completed at the facility's administrative office on 8/3/12 at 10:45 A.M.. The SC indicated client #1 did not have legally sanctioned decision maker or health care representative to assist her in making medical and financial decisions and was unable to do so independently.</p> <p>9-3-2(a)</p>						

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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based upon record review and interview, the facility failed to maintain an accurate accounting system for 5 of 5 clients living at the group home (clients #1, #2, #3, #4 and #5), for whom the facility managed their personal funds account.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 8/3/12 at 10:00 A.M.. A second request was made for clients #1, #2, #3, #4 and #5's personal financial records was made. No financial records were submitted for review prior to 4/2012.</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 8/3/12 at 10:45 A.M.. The SC indicated the clients' financials prior to April 2012 were not available because they did not know where the prior SC, who no longer is employed with the facility, put them.</p> <p>9-3-2(a)</p>		W0140	<p>The budgets for all clients in the group home have been kept up to date since April 2012 thru the present time. To ensure future compliance, the Service Coordinator will audit goals monthly and thereafter.</p>		09/12/2012	

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 3 of 3 sampled clients (clients #1, #2 and #3), the facility's Service Coordinator (QMRP) failed to monitor clients' programs in regards to timely revisions and implementation/tracking of program objectives.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 8/1/12 at 1:30 P.M.. The Individual Support Plan (ISP) dated 7/25/12 indicated: "Will learn to identify coins and their values up to a dollar...will learn to prepare a simple dish...will have conversation with peers daily...will state purpose of one medication...will learn to prepare a hygiene checklist." Further review of client #1's record failed to indicate client #1's objectives were monitored by the QMRP for the months of 9/11, 10/11, 11/11, 12/11, 1/12, 2/12</p>		W0159	<p>The budgets for all clients in the group home have been kept up to date since April 2012 thru the present time. To ensure future compliance, the Service Coordinator will audit goals monthly and thereafter. 9-13 The Service Coordinator has been auditing all goals of the clients in the group home since April 2012 thru the present. To ensure future compliance, the Service Coordinator will monitor goals bi-weekly during house visits. Service Coordinator will audit and revise as needed goals monthly and thereafter.</p>		09/12/2012	

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	<p>and 3/12.</p> <p>A review of client #2's record was conducted on 8/1/12 at 3:00 P.M.. The Individual Support Plan (ISP) dated 7/30/12 indicated: "Will do relaxing coping exercises...will learn to prepare and administer own medications...will learn to recite telephone number...will learn to identify the value of a penny...will learn to wash self and complete hygiene checklist." Further review of client #2's record failed to indicate client #2's objectives were monitored by the QMRP for the months of 9/11, 10/11, 11/11, 12/11, 1/12, 2/12 and 3/12.</p> <p>A review of client #3's record was conducted on 8/1/12 at 2:00 P.M.. The ISP dated 7/26/12 indicated: "Will learn to identify coins by placing alike coins in a bowl...will learn to chew slowly...will learn to prepare simple healthy dish item...will exercise with peers...will learn information about her medication." Further review of client #3's record failed to indicate client #3's objectives were monitored by the QMRP for the months of 9/11, 10/11, 11/11, 12/11, 1/12, 2/12 and 3/12.</p> <p>An interview with the Service</p>						

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	Coordinator (QMRP) was conducted on 8/3/12 at 10:45 A.M.. The SC indicated clients' program objectives are to be monitored by the QMRP monthly and immediately entered into the computer database. No further documentation was available for review to indicate the QMRP monitored client #1, #2 and #3's program objectives. 9-3-3(a)						

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W0192	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 2 clients observed during medication administration (clients #1 and #4) by staff not demonstrating skills and competency to administer medications as prescribed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/31/12 from 6:25 A.M. until 7:35 A.M.. At 6:35 A.M., client #4 received her morning prescribed medications. Direct Support Professional (DSP) #1 administered her "Aspirin 325 mg (milligram) tablet (pain)...1 tablet orally two times a day...Take with plenty of water...Ferrex 150 mg capsule (supplement)...Take with plenty of water...Docusate Sodium 100 mg capsule (constipation)...Take with plenty of water...Ibuprofen 800 mg tablet (pain)...Take with plenty of water." Client #4 did not take her medication with plenty of water. Client #4 drank 2 ounces of water during the medication</p>			W0192	<p>Group home staff will be trained on administering medication that includes taking plenty of water with medication and to make sure that when giving client#1 her Cilostazol that they give it 30 minutes before or 2 hours after eating, and all other medications that may have the same directions. To ensure future compliance, Service Coordinator will monitor monthly. 9-13 Group home staff will be trained on administering medication that includes taking plenty of water with medication and to make sure that when giving client #1 her Cilostazol that they give it 30 minutes before or 2 hours after eating, and all other medications that may have the same directions. To ensure future compliance, Service Coordinator and/or Community Services Nurse will observe medication administration weekly for 60 days and bi-weekly thereafter.</p>		09/12/2012

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	<p>observation. At 6:51 A.M., client #1 received her morning prescribed medications. DSP #1 administered her "Cilostazol (intermittent claudication/leg pain) 100 mg tablet...30 minutes before/2 hours after food." At 6:56 A.M., client #1 was observed eating her breakfast which consisted of a bowl of cereal and a hard boiled egg. Client #1 did not wait 30 minutes to eat breakfast.</p> <p>A request for staff training records was made on 7/31/12 at 3:50 P.M.. No training records were submitted for the staff who worked at this group home to indicate each staff were trained on client specific needs.</p> <p>A second request for staff training records was made on 8/1/12 at 3:45 P.M.. No training records were submitted for review.</p> <p>An interview with the nurse was conducted on 8/3/12 at 10:10 A.M.. The nurse indicated staff should administer all medications as prescribed. The nurse further indicated staff should follow directions on medication labels on medication packets.</p> <p>9-3-3(a)</p>						

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, interview and record review for 1 of 1 non verbal clients (client #5), the client's Individual Support Plans (ISP) failed to address the client's identified communication needs.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/31/12 from 6:25 A.M. until 7:35 A.M.. During the entire observation client #5 did not communicate in her home.</p> <p>An evening observation was conducted on 7/31/12 from 4:35 P.M. until 6:00 P.M.. During the entire observation client #5 did not communicate in her home.</p> <p>An observation was conducted at the facility owned day program on 8/1/12 from 12:10 P.M. until 1:30 P.M.. During the entire observation, client #5 did not communicate.</p> <p>A review of client #5's record was</p>		W0227	<p>Service Coordinator will develop and implement a communication book for client #5. To ensure future compliance, Service Coordinator will monitor monthly. 9-13</p> <p>Service Coordinator will develop and implement a communication book for client #5 utilizing everyday activities. To ensure future compliance, Service Coordinator will train staff and monitor once a week for 60 days and bi-weekly thereafter. Assessments and recommendations are discussed at annual meetings. Any needed programming goals are developed and implemented.</p>		09/12/2012	

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	<p>conducted at the facility's administrative office on 8/1/12 at 3:30 PM.. Client #5's ISP dated 7/23/12 failed to indicate a communication training objective to teach her to communicate with others about her wants and needs.</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 8/3/12 at 10:45 A.M.. The SC indicated client #5 did not have a communication training objective in her plan and further indicated she did need one implemented into her program.</p> <p>9-3-4(a)</p>						

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 2 of 5 clients residing at the group home (clients #4 and #5).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/31/12 from 6:25 A.M. until 7:35 A.M.. During the entire observation client #5 sat in a recliner with no activity. Client #5 was not prompted and did not identify coins given to her by placing said coin into a bowl of like coins and was not prompted and did not print her first name. Client #4 was not prompted and did not wear her eyeglasses.</p> <p>An evening observation was conducted at the group home on 7/31/12 from 4:45 P.M. until 6:45 P.M.. From 5:00 P.M.</p>			W0249	<p>Service Coordinator will train staff on active treatment and to prompt client #4 to wear her eye glasses. To ensure future compliance, Service Coordinator will monitor twice a month for three months and monthly thereafter.</p> <p>9-13Service Coordinator will train on active treatment and to prompt client #4 to wear her eye glasses as outlined in her active treatment goal for wearing her eyeglasses. To ensure future compliance, Service Coordinator will monitor weekly for three months and bi-monthly thereafter.</p>		09/12/2012



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	<p>until 6:15 P.M., client #4 was not promoted and did not wear her eyeglasses until the Service Coordinator (SC) arrived at the group home.</p> <p>A facility owned day program observation was conducted on 8/1/12 from 12:10 P.M. until 1:30 P.M.. During the entire observation period client #4 was not prompted and did not wear her eyeglasses. Client #5 sat at a table with no activity or interaction.</p> <p>A review of client #4's record was conducted at the facility's administrative office on 8/1/12 at 11:30 A.M.. The record indicated a training objective progress summary dated 5/25/12 to 6/30/12: "Wearing Eyeglasses Daily."</p> <p>A review of client #5's record was conducted at the facility's administrative office on 8/1/12 at 12:00 P.M.. The record indicated a most current ISP dated 7/23/12 which indicated: "Will identify coins given to her by placing said coin into a bowl of like coins...will learn to print her name."</p> <p>The Service Coordinator (SC) was interviewed on 8/3/12 at 10:45 A.M.. The SC stated client objectives should be implemented "during times of opportunity." The SC further indicated</p>						

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	clients #4 and #5 should have been provided with meaningful active treatment activities during the observation periods.  9-3-4(a)						

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE</p> <p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 4 of 4 clients (clients #1, #2, #3 and #4) living in the group home to provide condiments at the dining table.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 7/31/12 from 4:35 P.M. until 6:00 P.M.. During the observation Direct Support Professional (DSP) #2 prepared fish sticks, macaroni and cheese and cauliflower. At 5:45 P.M., client #4 used her fork and spoon to cut her fish stick. No salt/salt substitute, salt, pepper or knives were available for clients #1, #2, #3, #4 and #5's use.</p> <p>An interview with the Service Coordinator (SC) was conducted on 8/3/12 at 10:45 A.M.. The SC indicated condiments and knives should be put on the table for the clients to use at all meals.</p> <p>9-3-8(a)</p>		W0484	<p>Service Coordinator will train staff on providing condiments on the dining table at meal time. To ensure future compliance, Service Coordinator will monitor twice monthly for three months and monthly thereafter.</p>		09/12/2012	

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed to assure 5 of 5 clients living in the group home (clients #1, #2, #3, #4 and #5) participated in family style dining.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/31/12 from 6:25 A.M. until 7:35 A.M.. Upon arriving at the group home 5 bowls of prepared cereal were sitting on the table. During the observation Direct Support Professional (DSP) #2 boiled eggs and poured vegetable juice into cups. While DSP #2 prepared the morning meal clients #1, #2, #3, #4 and #5 sat in the living room with no activity. Clients #1, #2, #3, #4 and #5 did not serve themselves. Clients #1, #2, #3 and #4 ate their meal independently.</p> <p>An evening observation was conducted at the group home on 7/31/12 from 4:35 P.M. until 6:00 P.M.. At 4:50 P.M., Direct Support Professional (DSP) #3</p>		W0488	<p>Service Coordinator will train staff on prompting each client to participate in meal preparation to the extent of their abilities. To ensure future compliance, Service Coordinator will monitor monthly.</p>		09/12/2012	

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	<p>placed frozen fish sticks on a pan and placed the pan in the oven. At 5:00 P.M., clients #1, #2, #3, #4 and #5 returned to the group home from day program. Clients #1, #2, #3, #4 and #5 did not assist in preparing the main course for dinner.</p> <p>An interview with the Service Coordinator (SC) was conducted on 7/31/12 at 10:45 A.M.. The SC indicated clients #1, #2, #3, #4 and #5 were developmentally capable of participating in the family dining process.</p> <p>9-3-8(a)</p>						